

AIMS-099

## PIN CODE ASSIGNMENT FOR RADIUS SUBMITTAL

(Please Print)

## FOR DEP USE ONLY

Date PIN(s) Assigned: \_\_\_\_\_

Assigned by: \_\_\_\_\_

Facility ID: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Person Requesting PIN CODE: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Pin Code Selected (Limited to 7 alpha/numeric characters) \_\_\_\_\_

Is this Individual a Responsible Official? (Please check one) ☐ Yes ☐ No

Name of Person Requesting PIN CODE: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Pin Code Selected (Limited to 7 alpha/numeric characters) \_\_\_\_\_

Is this Individual a Responsible Official? (Please check one) ☐ Yes ☐ No

Name of Person Requesting PIN CODE: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Pin Code Selected (Limited to 7 alpha/numeric characters) \_\_\_\_\_

Is this Individual a Responsible Official? (Please check one) ☐ Yes ☐ No

Name of Person Requesting PIN CODE: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Pin Code Selected (Limited to 7 alpha/numeric characters) \_\_\_\_\_

Is this Individual a Responsible Official? (Please check one) ☐ Yes ☐ No

**NOTE: Pin Codes are kept confidential and are encrypted once entered into the system. A new request must be submitted if a Pin is forgotten or needs to be changed. Therefore, it is recommended that you keep a copy of this form for your records. This request must have at least one Responsible Official listed before any Pin Code will be assigned. Please note that identical Pin Codes can not be assigned for different personnel under the same facility ID. A signature from a Responsible Official is required for this form to be processed. A consultant can not be listed and/or sign as a Responsible Official unless a letter accompanies this request (on company letterhead) from a Responsible Official designating him/her to act as such.**

I certify under penalty of law that the submitted information is true, accurate and complete. I am aware that there may be significant civil penalties imposed, including the possibility of fine, imprisonment or both, for submitting false, inaccurate or incomplete information.

Responsible Official Name (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_